

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	9/15
O.I.P.E. CLASSIFIER			10 9-20-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		64674	10-1

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Best Available Copy

Claim	Final	Original	Date
1	1	5	11
2	2	13	14
3	3	1	3
4	4	1	11
5	5	1	10
6	6	1	4
7	7	1	21
8	8	1	29
9	9	1	01
10	10	1	01
11	11	1	02
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50	50	1	03

Claim	Final	Original	Date
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4	4	1	02
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50	50	1	02

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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